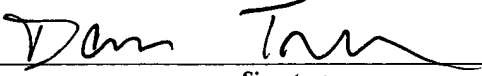
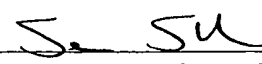
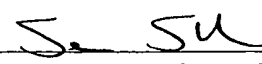
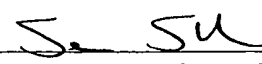


<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. <b>25338/1</b>							
Applicant(s): <b>Peter Stangel</b>											
Application No. <b>09/772,394</b>	Filing Date <b>January 30, 2001</b>	Examiner <b>Kim T. Bui</b>	Customer No. <b>21710</b>	Group Art Unit <b>3626</b>	Confirmation No. <b>1200</b>						
Invention: <b>CLINICAL CARE UTILIZATION MANAGEMENT SYSTEM</b>											
<b>COMMISSIONER FOR PATENTS:</b>											
Transmitted herewith is an amendment in the above-identified application.											
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27											
The fee has been calculated and is transmitted as shown below.											
<b>CLAIMS AS AMENDED</b>											
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE						
TOTAL CLAIMS	28 -	20 =	8	x \$25.00	\$200.00						
INDEP. CLAIMS	8 -	8 =	0	x \$100.00	\$0.00						
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00						
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$200.00</b>						
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <b>50-0369</b> in the amount of <b>\$200.00</b> <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-0369</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.											
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>											
 _____ Signature			Dated: <b>August 31, 2005</b>								
<b>Damon A. Treitler (Reg. No. 48,377)</b> <b>Attorney for Applicant(s)</b> <b>Customer No. 21710</b> <b>BROWN RUDNICK BERLACK ISRAELS LLP</b> <b>One Financial Center</b> <b>Boston, MA 02111</b> <b>Tel: (617) 856-8412</b> <b>Fax: (617) 856-8201</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">           I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as <b>EXPRESS</b> mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on  <b>August 31, 2005</b> . <b>US EV 400527708 US</b>            _____            (Date)         </td> </tr> <tr> <td colspan="2" style="text-align: center;">             _____            Signature of Person Mailing Correspondence  <b>Seema M. Shah</b> </td> </tr> <tr> <td colspan="2" style="text-align: center;">           _____            Typed or Printed Name of Person Mailing Correspondence         </td> </tr> </table>			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as <b>EXPRESS</b> mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <b>August 31, 2005</b> . <b>US EV 400527708 US</b> _____ (Date)		 _____ Signature of Person Mailing Correspondence <b>Seema M. Shah</b>		_____ Typed or Printed Name of Person Mailing Correspondence	
I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as <b>EXPRESS</b> mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <b>August 31, 2005</b> . <b>US EV 400527708 US</b> _____ (Date)											
 _____ Signature of Person Mailing Correspondence <b>Seema M. Shah</b>											
_____ Typed or Printed Name of Person Mailing Correspondence											
CC:											



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT: Peter Stangel CONFIRMATION NO: 1200  
SERIAL NO: 09/772,394 ART UNIT: 3626  
FILED: January 30, 2001 EXAMINER: Kim T. Bui  
ENTITLED: *CLINICAL CARE UTILIZATION MANAGEMENT SYSTEM*

**CERTIFICATE OF EXPRESS MAILING**

I hereby certify that this application (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date shown below and is addressed to: Commissioner for Patents, Alexandria, VA 22313-1450

Express Mail No.: EV400527708US

By: S. Su  
Seema M. Shah

Date August 31, 2005

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Examiner:

In response to the Office Action dated March 1, 2005, please consider the following amendments and remarks set forth below. Applicant hereby petitions for any extension of time that may be required to maintain the pendency of this case, and any required fee for such extension is to be charged to Deposit Account No. 50-0369.

09/02/2005 CNGUYEN2 00000020 500369 09772394

02 FC:2202 200.00 DA